

# PROPOSED BUDGET

(Educational Institutions)

Solicitation Number \_\_\_\_\_

Cost Categories					Proposed Cost
Labor Categories (list each individual by name and position)		Levels of Effort			
	Academic Year	Summer Months	Total Effort	Salary/Wage Rate	
Total Salaries and Wages					
Benefits (Identify each category)			Base Amount	Rate	
Total Benefits					
Total Salaries, Wages, and Benefits					
Travel (If an institutional travel policy has been published, provide a copy)					
Destination, Purpose, No. of Travelers, No of Days	Fare	Lodging	Expenses	Car Rental	
Total Travel Cost					
Other Direct Costs			Quantity	Unit Cost	
Total Other Direct Costs					
Total Direct Costs					
Indirect Cost (Include a copy of current indirect rate agreement)				Rate	
Total Proposed Cost					

Signature of Individual Authorized to legally commit

Date

BUS-5-3 Form 156A

